MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	l					
2	l					
3	l					
4	l					
5	l					
6	l					
7	l					
8	l					
9	l					
10	l					
11	l					
12	l					
13	l					
14	l					
15	l					
16	l					
17	l					
18	l					
19	l					
20	l	l				
21	l					
22	l					
23	l					
24	l					
25	X		l			
26	l					
27	l					
28	l					
29	l					
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49						
50						
TOTAL IND.	27	↓		↓		↓
TOTAL DEP.	2	←		←		←
TOTAL CLAIMS	29					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						l
53						
54						
55						
56						
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58						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS